

WASHINGTON STATE
DEPARTMENT OF ECOLOGYAttn: DW Notifications
M/S PV-11
Olympia, WA 98504-8711
(206) 459-6387

W	A								
RCV'D _____									
LOG _____									
REVIEW _____									
G/WAC _____									

FORM 2

NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

1. ☐ A. FIRST NOTIFICATION
(No previous application has been made for this site)
- ☒ C. WITHDRAW SITE I.D. NO. DATE 12/31/93
(Complete Sections 1F, 2-B & 13. Enter existing I.D. No. in Part 1F.)
- ☐ E. CANCEL SITE I.D. NO. DATE _____
(Site closed—no longer own or conduct business at this site.
Complete Sections 1F, 2-B & 13. Enter existing I.D. No. in 1F.)
- ☐ B. REVISED NOTIFICATION DATE _____
(Enter existing site I.D. No. in Part 1F. List sections you revised: _____)
- ☐ D. REACTIVATE SITE I.D. NO. _____
(Complete all sections of the form.
Enter previously assigned I.D. No. in Part 1F.)
- ☐ F. EXISTING I.D. NO. _____
(Complete for items
1B, C, D & E only)
- WA D070973300

2.A. WASHINGTON STATE DEPARTMENT OF REVENUE REGISTRATION (TAX) NUMBER										2.B. SIC CODE(S)									
600-457-493										4449 4424									
2.C. TYPE OF BUSINESS CONDUCTED AT THIS SITE <u>MARINE TRANSPORTATION</u>																			
3. NAME OF INSTALLATION																			
ALASKA MARINE LINES																			
4. LOCATION OF INSTALLATION																			
Street																			
7100 2ND AVE SW																			
County Name KING																			
City or Town										State					ZIP Code				
SEATTLE										WA					98106-				
5. INSTALLATION MAILING ADDRESS																			
Street or P.O. Box																			
PO BOX 24348																			
City or Town										State					ZIP Code				
SEATTLE										WA					98124-4348				
6.A. INSTALLATION CONTACT																			
Name (last)										(first)									
KUNZ										SUSAN									
Job Title										Phone Number									
MYR COORDINATOR										206-768-3358									
6.B. INSTALLATION CONTACT MAILING ADDRESS (see instructions) BOX 1 <input checked="" type="checkbox"/> BOX 2 <input type="checkbox"/>																			
Street or P.O. Box																			
City or Town										State					ZIP Code				
															-				
7.A. NAME OF INSTALLATION'S LEGAL OWNER																			
LYNDEN INC.																			
Street, P.O. Box, or Route Number																			
PO BOX 3757																			
City or Town										State					ZIP Code				
SEATTLE										WA					98124-3757				
7.B. PROPERTY OWNERSHIP (Provide address in section 12 if different than 7A.)																			
7.C. OWNER TYPE										7.D. PROPERTY TYPE									
P										P and S									

8.A. NAME OF INSTALLATION ALASKA MARINE LINES 8.B. EPA I.D. NO. WADO70973300
(Same as Item No. 3)

9. TYPES OF REGULATED DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING (Read & follow instructions for this section carefully—Enter an "X" in any sections of 9.A., 9.B., or 9.C. below that may apply).

9.A. HAZARDOUS WASTE ACTIVITIES (See instructions for definitions of these activities).

- ☐ 1. GENERATOR ☐ 1a. Conduct on-site recycling
- ☐ 2. TRANSPORTER 2a. ☐ Transport Wastes Commercially (for hire).
2b. Modes of Transport: (1) ☐ Highway (2) ☐ Air (3) ☐ Rail (4) ☐ Water (5) ☐ Other
(Specify in comments)
- ☐ 3. MANAGEMENT FACILITY (TSD) 3a. ☐ Facility accepts wastes from OFF-SITE Generators.
3b. Process conducted or available at this facility;
(1) ☐ Treatment (2) ☐ Storage (3) ☐ Disposal
(4) ☐ Other (specify in comments).
3c. Current Part A ____/____/____
Part B Process ☐ Yes ☐ No
- ☐ 4. IMMEDIATE RECYCLER
- ☐ 5. PERMIT-BY-RULE FACILITY
- ☐ 6. MARKET OR BURN DANGEROUS WASTE FUELS— 6a. ☐ Generator Marketing to Burner 6b. ☐ Other Marketer
6c. ☐ Burner. (COMPLETE 9c.—TYPE OF COMBUSTION DEVICE)

9.B. USED-OIL FUEL ACTIVITIES.

- ☐ 1. OFF-SPECIFICATION USED-OIL FUELS—1a. ☐ Generator Marketing to Burner 1b. ☐ Other Marketer 1c. ☐ Burner (Complete 9c.)
- ☐ 2. SPECIFICATION USED-OIL FUEL MARKETER (or ON-SITE BURNER) WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION.

9.C. DANGEROUS WASTE OR OFF-SPECIFICATION USED-OIL FUEL BURNING: TYPE OF COMBUSTION DEVICE.

(see instructions for definitions of combustion devices) 1. ☐ Utility Boiler 2. ☐ Industrial Boiler 3. ☐ Industrial Furnace.

10. WASTE IDENTIFICATION (Copy this page if you have more than 5 waste streams—other information (sections 9 and 11-13) not needed on continuation sheets)

A. NUMBER	B. DESCRIPTION OF WASTE(S)	C. DANGEROUS WASTE NUMBER	D. ESTIMATED OR ACTUAL ANNUAL WASTE QUANTITY	E. WEIGHT CODE

11. Complete a, b, or c; AND d below.

- 11.A. ☐ (Batch Frequency _____) QUANTITY WEIGHT CODE
- 11.B. ☐ PER MONTH QUANTITY WEIGHT CODE
- 11.C. ☐ ONE-TIME-ONLY QUANTITY WEIGHT CODE
- 11.D. AMOUNT TO BE ACCUMULATED ON-SITE PRIOR TO SHIPMENT QUANTITY WEIGHT CODE

12. COMMENTS

13. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME AND OFFICIAL TITLE (type or print)

DATE SIGNED

SUSAN M. KUNZ

M. & R. Coordinator

9/27/93